



SEEC FORM 3

Political Committee (PAC) Registration
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised September 2012

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2015 AUG -6 AM 8:42

REGISTRATION TYPE

- ☒ Original
☐ Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				TOWN AND CITY CLERK BRISTOL, CT		2. ACRONYM	
Bristol BOE 2015						BOE	
3. COMMITTEE ADDRESS				4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE			
Address 47 Prospect Place				Email matthewskate@gmail.com			
City Bristol		State CT	Zip Code 06010	Website			
6. CHAIRPERSON NAME							
First Name Katherine		MI L	Last Name Matthews			Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (If different)			
Street Address 47 Prospect Place				Address			
City Bristol		State CT	Zip Code 06010	City		State	Zip Code
9. CHAIRPERSON TELEPHONE				10. CHAIRPERSON E-MAIL ADDRESS			
(Include Area Code) 860 614 6658				matthewskate@gmail.com			
11. TREASURER NAME							
First Name Katherine		MI L	Last Name Matthews			Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (If different)			
Street Address 47 Prospect Place				Address			
City Bristol		State CT	Zip Code 06010	City		State	Zip Code
14. TREASURER TELEPHONE				15. TREASURER E-MAIL ADDRESS			
(Include Area Code) 860 614 6658				matthewskate@gmail.com			
16. DEPUTY TREASURER NAME							
First Name		MI	Last Name			Suffix	
17. DEPUTY TREASURER RESIDENCE ADDRESS				18. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address				Address			
City		State	Zip Code	City		State	Zip Code
19. DEPUTY TREASURER TELEPHONE				20. DEPUTY TREASURER E-MAIL ADDRESS			
(Include Area Code)							
21. DEPOSITORY INSTITUTION NAME							
Farmington Savings Bank							
22. DEPOSITORY INSTITUTION ADDRESS							
Address 475 Broad Street, Bristol, CT 06010				City		State	Zip Code
Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.							

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NAME OF COMMITTEE		REGISTRATION TYPE	
Bristol BOE 2015		<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Karen C. Hintz		Candidate	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
103 Garden Street	Bristol	CT	06010
23A. OFFICER NAME		TITLE OR POSITION	
Thomas O'Brien		Candidate	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
272 Center Street	Bristol	CT	06010
23B. OFFICER NAME		TITLE OR POSITION	
Karen Vibert		Candidate	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
114 Brace Avenue	Bristol	CT	06010
23C. OFFICER NAME		TITLE OR POSITION	
Christopher Wilson		Candidate	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
71 Perkins Street	Bristol	CT	06010
23D. OFFICER NAME		TITLE OR POSITION	
Tina Taylor		Candidate	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
32 Broad Place	Bristol	CT	06010
23E. OFFICER NAME		TITLE OR POSITION	
Joe P. Grabowski		Candidate	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
84 Foxwood Road	Bristol	CT	06010
23F. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
23G. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code

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NAME OF COMMITTEE		REGISTRATION TYPE	
Bristol BOE 2015		<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
24. COMMITTEE SUBTYPE <i>(Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)</i>			
A. <input checked="" type="radio"/> Two or More Individuals <input type="radio"/> Labor Union <input type="radio"/> Two or More Committees (Event(s)) <input type="radio"/> Other Organization <input type="radio"/> Business Entity <input type="radio"/> Legislative Leadership		B. <input type="checkbox"/> Legislative Caucus <i>(Select subtype)</i> <input type="radio"/> Senate Democrats <input type="radio"/> House Democrats <input type="radio"/> Senate Republicans <input type="radio"/> House Republicans	
25. PURPOSE OF COMMITTEE <i>(Select a single committee purpose under A or B and applicable subtype)</i>			
A. <input type="radio"/> Ongoing <i>(Select subtype)</i> <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input type="radio"/> Both		B. <input checked="" type="radio"/> Durational <i>(Select subtype)</i> <input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____ <input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____ <input type="radio"/> Single Candidate <input type="radio"/> Event(s) <i>(Names of Participating Committees)</i> _____ <input checked="" type="radio"/> Political Slate Committee	
26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY Brief description of subject matter of Referendum Question or Constitutional Amendment		27. GROUP'S POSITION ON THE REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT <input type="radio"/> Support <input type="radio"/> Oppose	
28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY <input type="checkbox"/> See Addendum			
Position <input checked="" type="radio"/> Support <input type="radio"/> Oppose	Name of Candidate(s) K. Hintz , T. O'Brien, K. Vibert C. Wilson, T. Taylor, J. Grabowski		Office(s) Sought Bristol BOE
		Party Designation Democrat	
29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY			
Entity Name	Address	City	State Zip Code
30. HOW WILL FUNDS BE RECEIVED? <i>Committees formed by a Labor Union or Other Organization ONLY</i> <input type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions		31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY <i>(i.e. AFL-CIO, AFSCME, CBIA, etc.)</i> <input type="radio"/> No <input type="radio"/> Yes <i>(Name & Address)</i> _____	
32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? <input type="checkbox"/> See Addendum			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Registered Lobbyist _____		<input type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both	
33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF? <input type="checkbox"/> See Addendum			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____			
34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?		35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?	
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____		<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____	
36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Agency _____			
37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, see instructions for additional filing requirements.			

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Bristol BOE 2015	<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes

38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?

☒ No ☐ Yes If Yes, Name of Contractor or Principal _____ ☐ See Addendum

39. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES

A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office? ☒ No ☐ Yes

B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly? ☒ No ☐ Yes

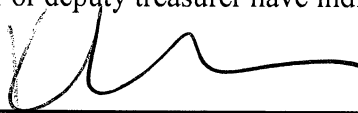
40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?

☒ No ☐ Yes If Yes, Name of Principal _____ ☐ See Addendum

41. CERTIFICATION

Chairperson

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.



CHAIRPERSON SIGNATURE

08/05/2015

DATE (mm/dd/yyyy)

Treasurer

☒ **Initial Committee Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated Treasurer of this political committee, and that I am *either* submitting this registration statement *together with* a SEEC FORM 20 complete as to the committee's first day of receiving contributions or distributions benefiting the committee or that I understand that I shall become obligated to file the committee's first SEEC FORM 20 within 48 hours after receiving the committee's first contribution or distribution.

☐ **Amended Committee Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

☐ **Biennial Committee Re-Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief.



TREASURER SIGNATURE

8/5/15

DATE (mm/dd/yyyy)

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NAME OF COMMITTEE	REGISTRATION TYPE
Bristol BOE 2015	<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes

41. CERTIFICATION *continued*

Deputy Treasurer

☐ **Initial Committee Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

☐ **Amended Committee Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

☐ **Biennial Committee Re-Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief.

DEPUTY TREASURER SIGNATURE_____
DATE (mm/dd/yyyy)**42. CERTIFICATION FOR LEGISLATIVE LEADERSHIP COMMITTEES ONLY**

Legislative Leader

I hereby certify and state, under penalties of false statement, that this political committee has been designated by me, a General Assembly Leader, as a Legislative Leadership Committee, in accordance with Section 9-605(e)(3) of the Connecticut General Statutes.

LEGISLATIVE LEADER SIGNATURE_____
DATE (mm/dd/yyyy)**ADDITIONAL PAGES FOR SEEC FORM 3**

If additional pages are needed to complete all information required in Sections 23, 27, 31, 32, 37 and 39 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 3.